

"PREMARIN"®

Highly effective • Well tolerated • Imparts a feeling of well-being

"PREMARIN"

**Most menopausal patients
experience striking relief
of symptoms with "Premarin."**

"PREMARIN"

Estrogenic Substances (water-soluble)

"PREMARIN"



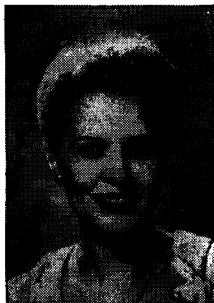
also known as Conjugated Estrogens (equine)

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“particularly useful...
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of the

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ESTINYL

ESTINYL® Tablets alleviate menopausal symptoms rapidly and smoothly in very small doses. A derivative of estradiol,

ESTINYL (ethinyl estradiol) produces the sense of well-being characteristic of therapy with natural estrogens.

Tablets of 0.02, 0.05, and 0.5 mg.

I. Perloff, W. M.: Am. J. Obst. & Gynec. 58:684, 1949.

Schering CORPORATION
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ESTINYL



Gantrisin[®] 'Roche'

antibacterial action plus...



greater solubility

Gantrisin is a sulfonamide so soluble that there is no danger of renal blocking and no need for alkalization.



higher blood level

Gantrisin not only produces a higher blood level but also provides a wider antibacterial spectrum.



economy

Gantrisin is far more economical than antibiotics and triple sulfonamides.



less sensitization

Gantrisin is a single drug—not a mixture of several sulfonamides—so that there is less likelihood of sensitization.

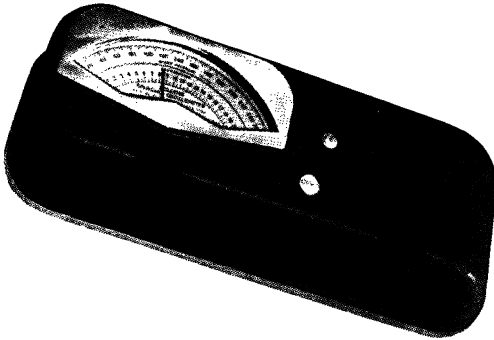
GANTRISIN[®]—brand of sulfisoxazole
(3,4-dimethyl-5-sulfanilamido-isoxazole)

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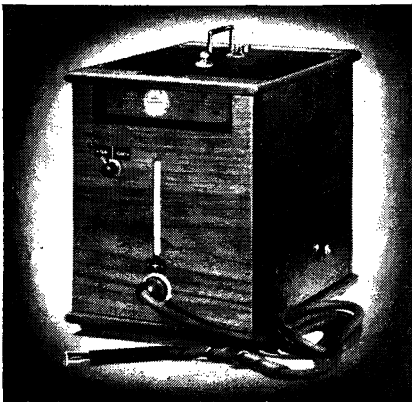
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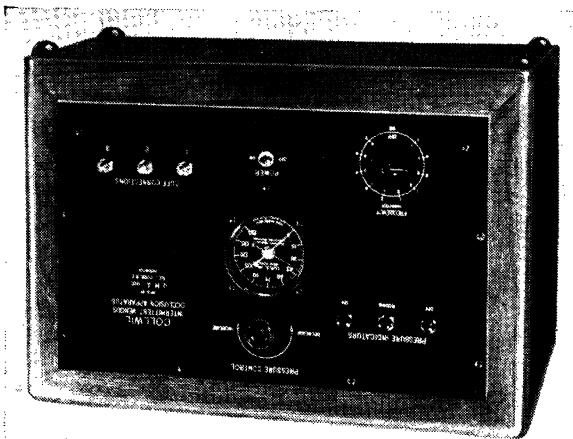
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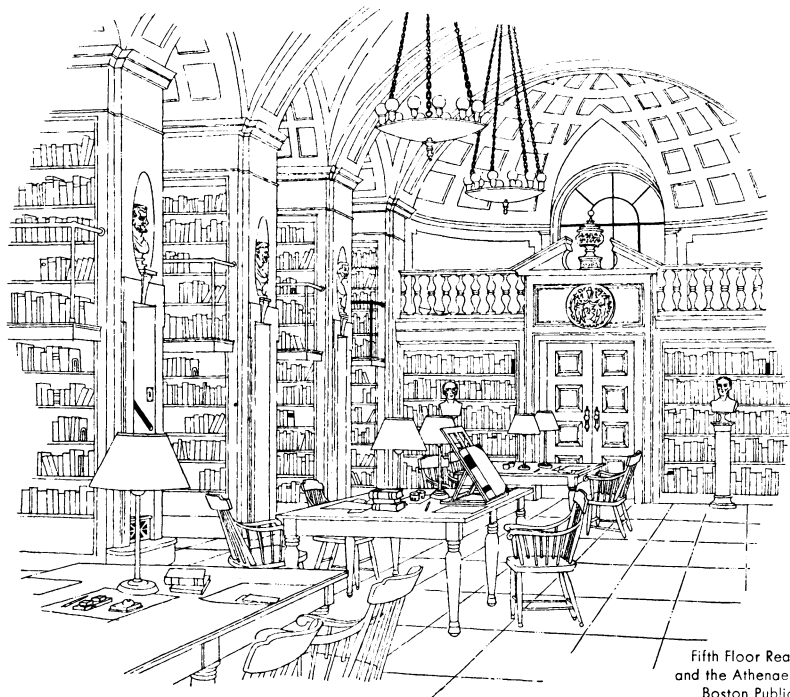
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Aureomycin may be given by the oral, or in an emergency by the intravenous, route.

Aureomycin has been reported clinically effective when used systemically against susceptible organisms in many gynecologic and obstetrical infections, including:
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• Pyelitis of Pregnancy • Staphylococcal Infection in the Newborn

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Ophthalmic: Vials of 25 mg. with dropper; solution prepared by adding 5 cc. of distilled water.

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CHLORIDE

(brand of hexamethonium chloride)

*an autonomic ganglionic blocking agent the action of which
has been described as "a medical sympathectomy"*

By drug action alone, Methium blocks—almost as effectively as surgical excision—the nerve impulses that produce vasoconstriction through the autonomic nervous system.

The objective of therapy is to administer, in gradually increasing doses over a period of several days to several weeks, enough Methium to lower blood pressure to more normal levels—even, according to some investigators, to the point of mild postural hypotension. Methium is a potent drug. Care is required in adjusting dosage.

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In Methium, hexamethonium is now made available in conveniently administered oral form as the chloride, free of the risks of bromide or iodide intoxication. Available on prescription only in 250 mg. scored tablets in bottles of 100 and 500.

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Clinical Results* with Banthine® Bromide

(Brand of Methantheline Bromide)

22 Published Reports Covering Treatment of 1443 Peptic Ulcer Patients with Banthine

Comprising the reports published in the literature to date which give specific facts and figures of the results of treatment

AUTHORS	No. of Patients	Chronic, Resistant to Other Therapy	TYPES OF ULCERS				RELIEF OF SYMPTOMS (Chiefly Pain)				Surgery or Complications ¹	Side Effects Requiring Discontinuance of Drug ²	EVIDENCE OF HEALING			
			Duodenal	Jejunal	Stomal	Gastric	Good	Fair	Poor	No Report			Complete	Moderate	None	No Report
Grimson, Lyons, Reeves	100	100	93	7			80	11	4		5		47		19	29
Friedman	15	15	14			1	5		4	6 ³			2			13
Bechgaard, Nielsen, Bang, Gruelund, Tobiasen	26	26	21			5	16	4	6				8	6	12	
McHardy, Browne, Edwards, Marek, Ward	162		162				136	12	11		3	1	14	9	7	129
Segal, Friedman, Watson	34	34	34 ⁴				14	13			7	2	5		8	14
Brown, Collins	117	99	117				97	7	8		5	8	55	9	8	40
Asher	77		65		7	5	52	9	16			16		9	21	47
Rodriguez de la Vega, Reyes Diaz	5	4	5				4		1					3	2	
Winkelstein	116	116	102	8		6	102		14				53		18	45
Hall, Hornisher, Weeks	18	18	18				11		1	6 ³			18			
Maier, Meili	38	38	24			14 ⁴	27	7	4 ³				10	2	5	21
Meyer, Jarman	25	18	25				21		4							25
Poth, Fromm	37	37	37				33	3	1				33	3	1	
Plummer, Burke, Williams	41	41	41				36		5				38		3	
McDonough, O'Neil	104	100	104				63	10	31			11	4		11	89
Broders	60	60	58		1	1	35	19	6				10	1	49 ⁴	
Legerton, Texter, Ruffin	11		11				11									11
Holoubek, Holoubek, Langford	76	69	76				35	27	10		4	10	26		10	36
Ogborn	42		39	2		1	42 ³									42
Shaiken	48	48	48				33	10	3		2		33	10	3	
Johnston	145	145	145				143		2			2	143		2	
Rossett, Knox, Stephenson	146		141			5	146					4 ¹⁰	53			93
TOTALS	1443	968	1380	17	8	38	1142	132	131	12	26	54	552	52	179	634
PERCENTAGES		67.8	95.6	1.2	0.6	2.6	81.3	9.4	9.3			3.7	70.5	6.6	22.9	

1. Not included in tabulations.

2. Included in "Relief of Symptoms" as "Poor" and in "Evidence of Healing" as "None."

3. Four had no symptoms when Banthine therapy was begun.

4. Of which seven were penetrative lesions and five partially obstructive.

5. No symptoms were present in four.

6. Two with symptoms only; no demonstrable ulcer.

7. Three were psychopathic patients and one had a ventricular ulcer of the lesser curvature.

8. Roentgen findings after treatment period of two weeks; forty-seven had duodenal deformity.

9. All returned to work within a week.

10. In these four, after relief of symptoms, Banthine was discontinued because of urinary retention.

During the past two years, more than 200 references to Banthine therapy in peptic ulcer and other parasympathotonic conditions have appeared in medical literature. Of these reports, 22 have presented specific facts and figures on the results of treatment in a total of 1,443 peptic ulcer patients, 67.8 per cent of whom were reported as chronic or resistant to other therapy. These results are tabulated above and show:

"Good" relief of symptoms was obtained in 81.3 per cent of the 1,405 patients on whom reports were available.

"Complete" evidence of healing was obtained in 70.5 per cent of the 883 patients on whom reports were available.

In all but 9.7 per cent, relief of pain was "good" or "fair." In all but 22.9 per cent, evidence of healing was "complete" or "moderate."


During treatment, 26 patients required surgery or developed complications other than ulcer which required discontinuance of the drug before results could be evaluated.

Of the remaining 1,417 patients, only 3.7 per cent experienced side effects sufficiently annoying to require discontinuance of the drug.



*Volume containing complete references with abstracts of 39 additional reports, will be furnished on request by

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**Ciba announces
the availability of a
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Trade Mark *(brand of hydralazine)*
hydrochloride



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By virtue of its dual capacity to reduce blood pressure and yet increase blood flow through the kidney, Apresoline provides a new and improved approach to the medical management of hypertensive disorders. Its value is augmented by its tendency to cause significant relaxation of cerebral vascular tone in hypertensive patients, oral as well as parenteral effectiveness, and relatively low toxicity.

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Apresoline has proved therapeutically useful in widely differing forms of hypertensive disease. The drug is of distinct value in essential and early malignant hypertension, its effectiveness often being more marked in the severe (although not terminal) phases of these disorders. It is also most effective in hypertension persisting or recurring after sympathectomy.

Preliminary studies indicate that worthwhile results also may be expected in toxemias of pregnancy and in acute glomerulonephritis. When renal damage is advanced, as in chronic renal hypertension and chronic glomerulonephritis, the value of the drug is considerably less, and it may be hazardous if not used with extreme caution and constant observation.

Administration

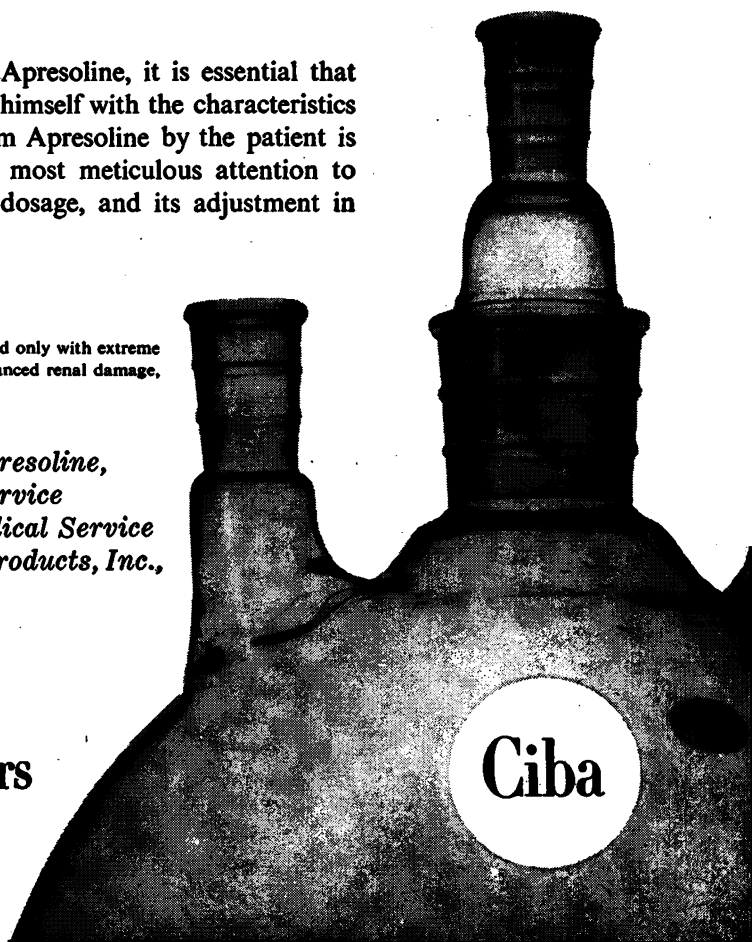
Before prescribing or administering Apresoline, it is essential that the physician thoroughly familiarize himself with the characteristics of the drug. The benefit derived from Apresoline by the patient is dependent in vital degree upon the most meticulous attention to individualization of administration, dosage, and its adjustment in accordance with response.

Caution

Apresoline, like any hypotensive agent, should be used only with extreme caution in patients with coronary artery disease, advanced renal damage, and existing or incipient cerebral vascular accidents.

For complete information on Apresoline, contact the Ciba Professional Service Representative or write the Medical Service Division, Ciba Pharmaceutical Products, Inc., Summit, New Jersey.

of Hypertensive Disorders





when other
external therapy
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where other therapy fails.



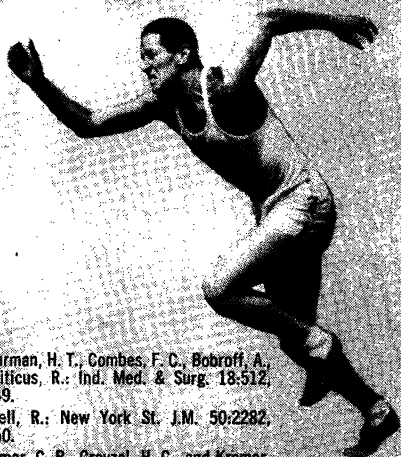
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Leviticus, R.: Ind. Med. & Surg. 18:512,
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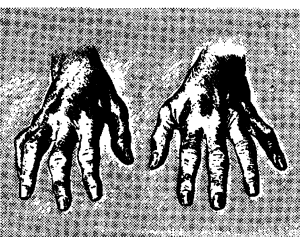
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Consult literature for detailed
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After moderate relief is
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Literature on request

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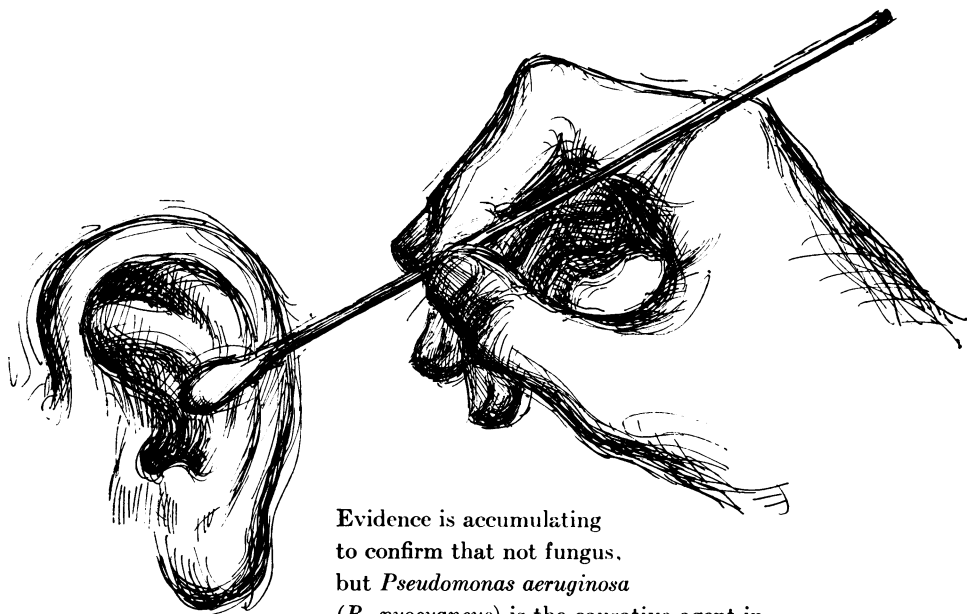
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Evidence is accumulating to confirm that not fungus, but *Pseudomonas aeruginosa* (*B. pyocyaneus*) is the causative agent in a high percentage of suppurative conditions of the ear, and that many of the remainder are due to other gram-negative bacteria.^{1,2,3}

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References:

1. Senturia, B. H.: Laryngoscope, 55:277, 1945.
2. Gill, W. D., and Gill, E. K.: South. M. J., 43:428, 1950.
3. Aycock, B. W.: J. Oklahoma M. A., 44:265, 1951.

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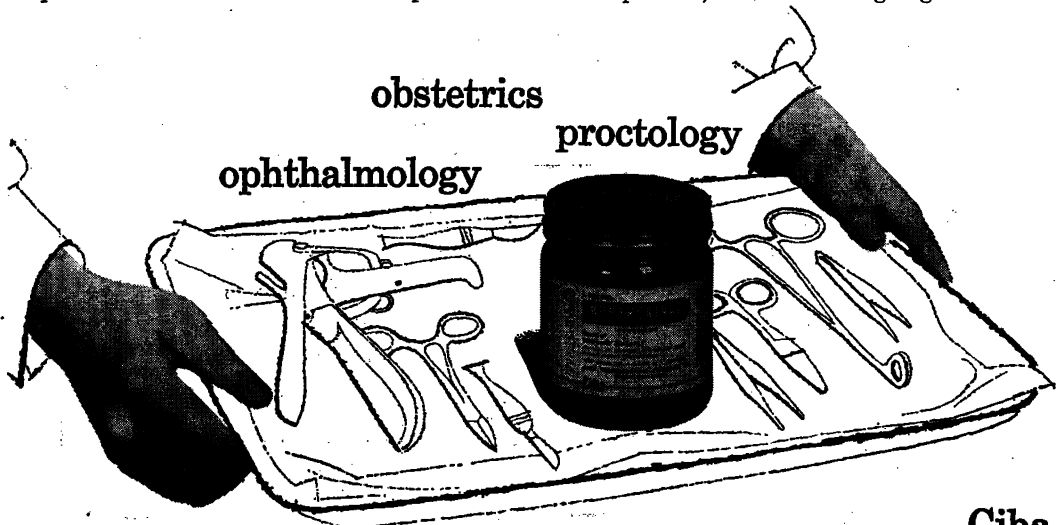
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JUNE 5—THE GENERAL PRACTITIONER'S FUNCTION IN PSYCHIATRY—Iago Gladston, *The New York Academy of Medicine*—D. Ewen Cameron, *Professor of Psychiatry, McGill University Medical School; Psychiatrist-in-Chief, Royal Victoria Hospital; Director, Allan Memorial Institute of Psychiatry*—Leo Barmetemeier, *President, American Psychiatric Association; Visiting Staff, Ford and Harper Hospitals, Detroit.*

JUNE 12—ENDOCRINE FACTORS IN HYPERTENSION—George A. Perera, *Associate Professor of Medicine, College of Physicians and Surgeons, Columbia University.*

JUNE 19—SYPHILIS AND PREGNANCY—Mortimer Speiser, *Associate Clinical Professor of Obstetrics and Gynecology, New York University College of Medicine.*

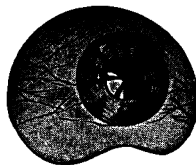
JUNE 26—RECENT ADVANCES IN THE SURGICAL MANAGEMENT OF PEPTIC ULCER—Ralph Colp, *Attending Surgeon, Mt. Sinai Hospital, Clinical Professor of Surgery, Columbia University.*

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for day-in and day-out use

Whenever a repository type of penicillin is indicated, Compensamine merits routine use. Clinically, it proves as effective as procaine penicillin, producing essentially the same plasma penicillin levels, but these levels appear to be more prolonged. In addition, Compensamine shows a notably low rate of reactions. In clinical investigations to date it has been shown to lead to reactions in a negligible percentage of all patients treated.¹

for fewer reactions

In a special study comprising only patients who had shown undesirable reactions to other forms of penicillin, the majority of patients tolerated Compensamine well, without such side reactions. In the remainder of these penicillin-sensitive patients in whom reactions to Compensamine did occur, these reactions were comparatively mild and of relatively short duration.²

Compensamine is available in three dosage forms: Compensamine (dry powder for aqueous suspension), Compensamine Aqueous (ready for injection), and Compensamine in Oil, the latter two in vial and cartridge forms.

1. Longacre, A. B.: P-92 Penicillin; Report of a Very Low Reaction Rate in Therapy with a New Penicillin Salt, *Antibiotics & Chemotherapy* 1:223 (July) 1951.

2. Kadison, E. R.; Ishihara, S. J., and Waters, T.: A New Form of Penicillin with Anti-Allergic Properties, *Am. Pract. & Digest Treat.* 2:411 (May) 1951.

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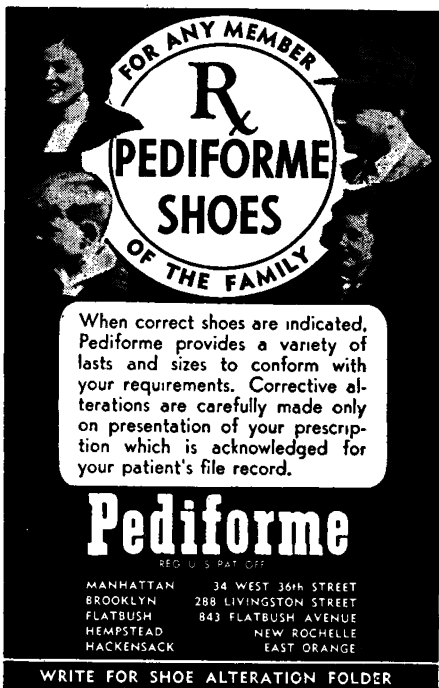
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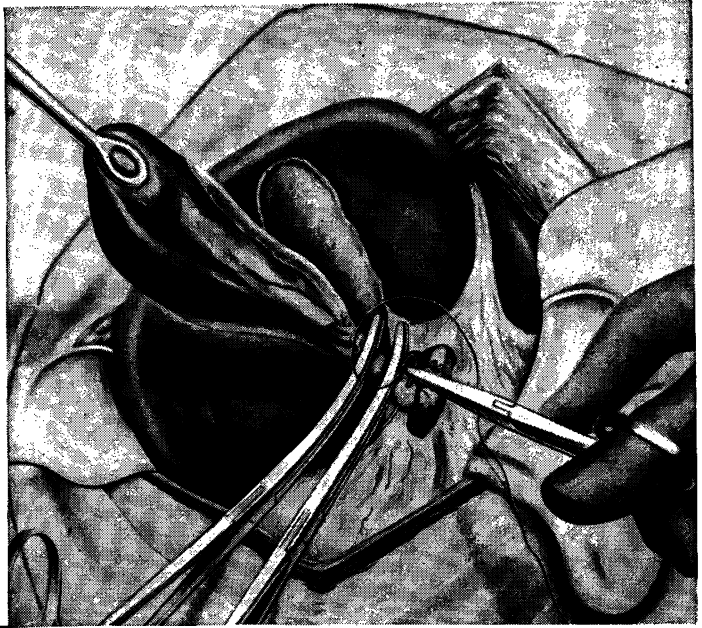
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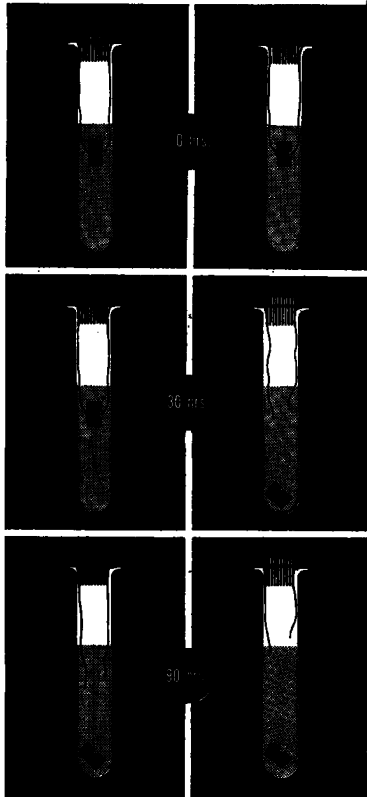
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ligation
"timed-absorption"
surgical gut
sutures
will not digest
prematurely



In ligating the cystic duct, the skill of the surgeon must be supported by a dependable ligature which will not digest prematurely. By an exclusive improved process, D & G "timed-absorption" surgical gut is accurately tanned in graded degrees from the outer surface inward to assure a logical digestion rate. Maximum resistance to digestion is assured during the *critical first 4 days* when there is least fibrosis. As fibrosis develops and the need for artificial support lessens, the rate of timed-absorption increases.

90 hours vs. 30 hours

Comparison of D & G "timed-absorption" medium chromic surgical gut suture, size O, with non timed-absorption medium chromic surgical gut suture, size O. Weights are suspended from each in trypsin solution. The weight is held suspended by "timed-absorption" surgical gut up to 90 hours. The non timed-absorption chromic surgical gut suture has begun to digest and breaks under the strain of the weight by 30 hours. (In human tissue all chromic sutures are digested more slowly, but the ratio between the two types remains the same.)



Davis & Geck
"timed-absorption"
sutures

non timed-absorption
chromic sutures

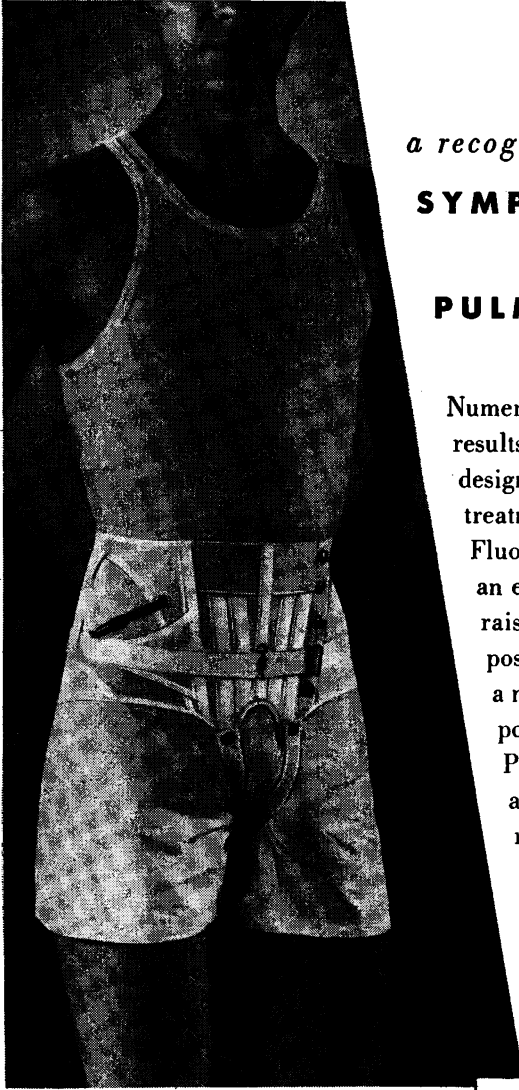
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Numerous authorities report beneficial results from the use of a properly designed abdominal binder as an aid in the treatment of pulmonary emphysema.

Fluoroscopy of patients wearing an emphysema binder shows that it raises the diaphragm toward its expiratory position and helps support the muscle in a normal dome shape. From this position contraction can again occur.

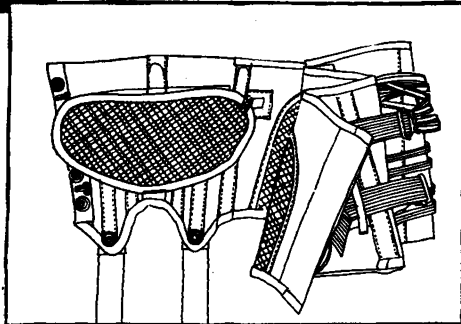
Paradoxical movements of the diaphragm are largely prevented and respiration difficulties alleviated.

An ingenious inflatable pressure pad — in complete control of the patient — extends its use for those with scaphoid as well as normal abdomens.

The inflatable pad in the Camp Emphysema Binder has a steel plate on the belt side so that all pressure is directed inward.

A valve and small detachable bulb for reducing and increasing pressure with posture changes and distention following eating are patient conveniences.

The lower edge of the pressure pad comes just above the symphysis pubis; the top falls below the umbilicus.



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Streptomagma provides all the essentials for securing prompt and complete remission of many bacterial diarrheas. To accomplish these ends Streptomagma contains:

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- Kaolin . . . for “tremendous surface and high adsorptive power”³
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with kaolin in alumina gel

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1. Pulaski, E. J. and
Connell, J. F., Jr.:
Bull. U. S. Army M.
Dept. 9:265.

2. Wooldridge, W. E.
and Mast, G. W.:
Am. J. Surg. 78:881.

3. Swalm, W. A.: M.
Rec. 140:26.

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(for prompt action)

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(for delayed action)

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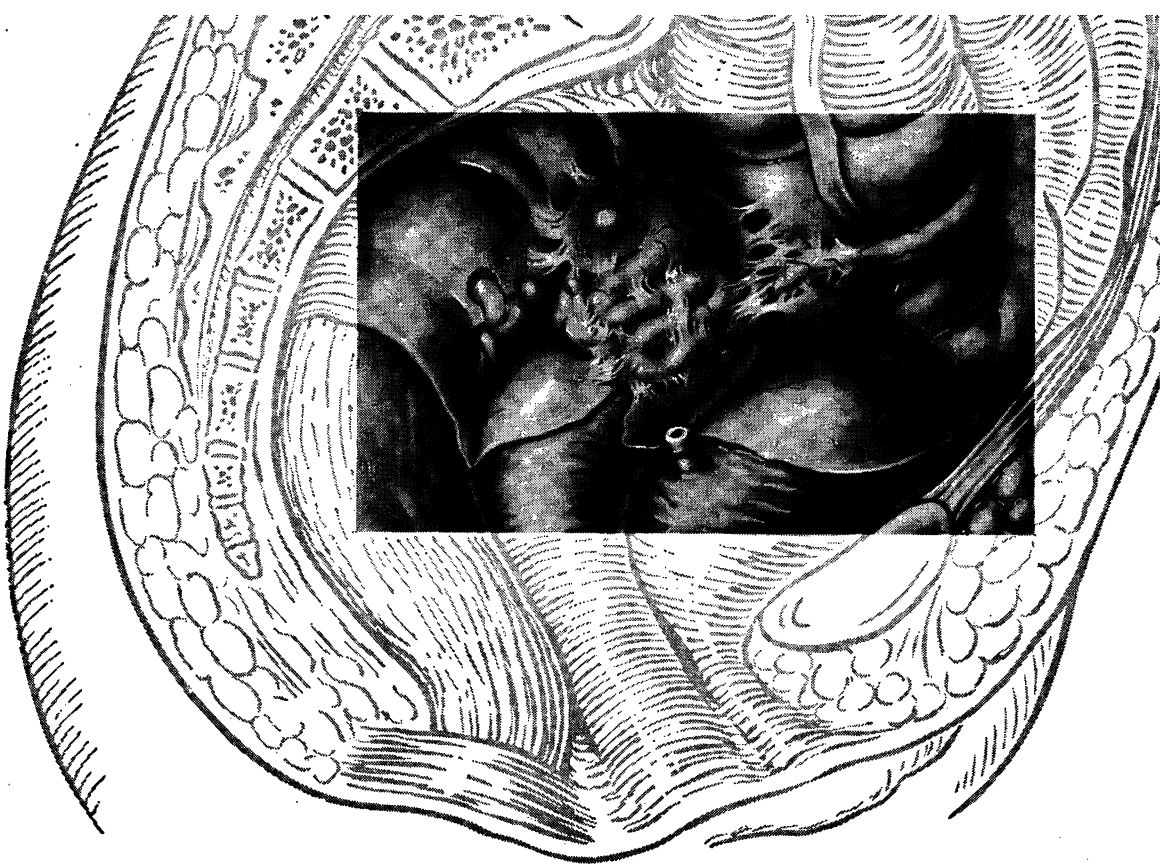
Theophylline Sodium Acetate	(3 gr.) 0.2 Gms.
Ephedrine Sulfate	(½ gr.) 30 Mg.
Phenobarbital Sodium	(½ gr.) 30 Mg.

Capsules and tablets in half the above potency available for children and mild cases in adults.

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"Women who had large pelvic abscesses were treated so effectively with chloramphenicol that posterior colpotomy, with drainage of the abscess, was not necessary in effecting a rapid cure in any of our patients who were treated with this antibiotic from the start."²

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CHLOROMYCETIN Ophthalmic, 25 mg. dry powder for solution, individual vials with droppers.


1. Greene, G. G.: Kentucky M. J. 50:8, 1952.

2. Stevenson, C. S., et al.: Am. J. Obst. & Gynec. 61:498, 1951.



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*Gordon, Harry H.: Feeding of Premature Infants, American Journal of Diseases of Children 73:713 (June) 1947.

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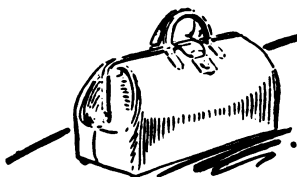
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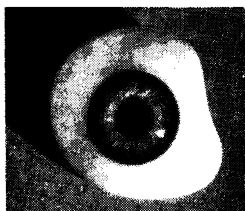
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an opiate, may be habit forming.

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The special processing of crude coal tar does three things:

1. Removes low molecular irritants.
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DENCOTAR OINTMENT Sulphurated... contains specially processed crude coal tar, precipitated sulphur, and menthol in non-greasy cosmetic base containing starch. The base permits absorption of the active ingredients well beyond that effected by ordinary bases and therefore minimum amounts of the processed crude coal tar are required to produce maximum therapeutic effects.



INDICATIONS... for all skin conditions requiring tar. DENCOTAR OINTMENT Sulphurated should be the treatment of choice in: Eczema—subacute or chronic. Nummular eczema, Psoriasis, Atopic dermatitis, Neuro-dermatitis, Seborrheic dermatitis (body and scalp), all chronic dermatoses, with or without itching.

FORMULA: Menthol, .125%, Precipitated Sulphur, 1%, Specially processed crude coal tar, 1.5%, Starch, 5%, Non-greasy, water miscible base, Qs.



DENCOTAR SHAMPOO... is a delightful new shampoo containing 1% of the specially processed crude coal tar in a pure castile soap base. DENCOTAR SHAMPOO has a stimulating effect on the scalp, and combined with massage, should be used regularly to maintain a healthy state of scalp and follicles.

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DENCOTAR PRODUCTS contain a new and different type of crude coal tar. To the best of our knowledge no other products containing crude coal tar of this type have ever been offered to the medical profession.

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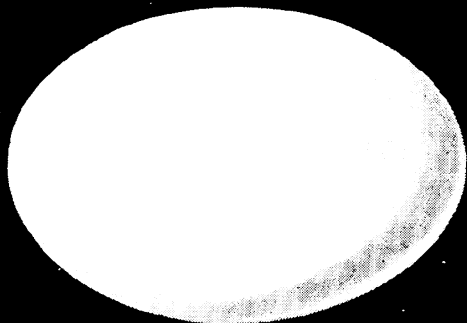
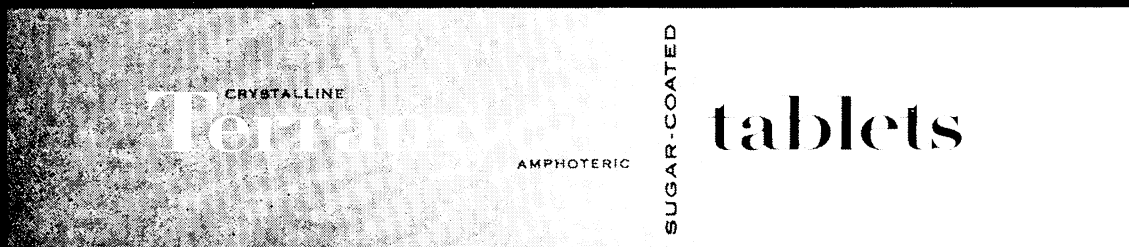
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UROKON produces few side reactions. Only 19% of 1081 patients observed at the University of Michigan reacted to UROKON, while 36% and 62% reacted to the older media². Only 15% of 290 patients observed at Washington University reacted to UROKON; 22% reacted to another medium³.

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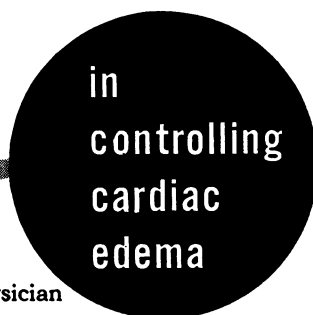
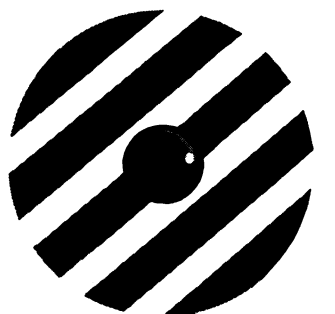
1. Hazelton Laboratories, Falls Church, Va. Private communication.
2. Nesbit and Lippes. Univ. Michigan Med. Bull. 16, 37-42 (1950).
3. Richardson and Rose. J. Urol. 63, 1113-19 (1950).
4. Robbins, Colby, Sosman and Eyley, Radiology 56, 684-688 (1951).
5. Neuhaus, Christman and Lewis. J. Lab. Clin. Med. 35, 43-9 (1950).

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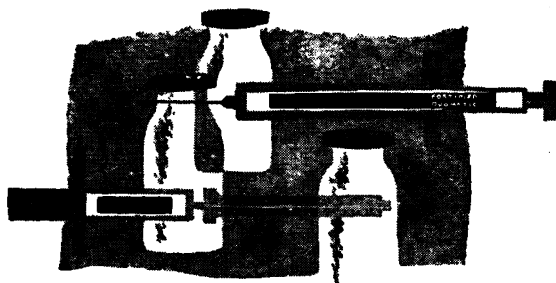
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